

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Received Official Use Only		
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Please type or print in ink.	2011 MAR 25 AM 1:	46
NAME OF FILER (LAST)	(FIRST) (MIDDLE)	
Vander Poel	Pete J.	
1. Office, Agency, or Court		
Agency Name		
Tulare County Board of Supervisors		
Division, Board, Department, District, if applicable	Your Position	
District Two	Supervisor	
► If filing for multiple positions, list below or on an attachment.		_
Agency: See Attached	Position: See Attached	
2. Jurisdiction of Office (Check at least one box)		
☐ State	☐ Judge (Statewide Jurisdiction)	
Multi-County	County of Tulare Tul	
City of	Other	
<u> </u>		
3. Type of Statement (Check at least one box)		
Annual: The period covered is January 1, 2010, through December 3 2010.	(Check one)	
The period covered is, through December 31 2010.	 The period covered is January 1, 2010, through the da leaving office. 	ite of
Assuming Office: Date/	The period covered is/, through t of leaving office.	the date
Candidate: Election Year Office sought, if di	ifferent than Part 1:	
4. Schedule Summary		
•	Total number of pages including this cover page:6	
Schedule A-1 - Investments - schedule attached	Schedule C - Income, Loans, & Business Positions - schedule	attached
	Schedule D - Income - Giffs - schedule attached	anadiiga
Schedule B - Real Property - schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule atta	ached
-or-		
☐ None - No reportable interes	ests on any schedule	
nerein and in any attached schedules is true and complete. I acknowledge	this is	
I certify under penalty of perjury under the laws of the State of Califor	nia tha	
Date Signed 3/14/11	Signatu	
(monin, day, year)		

Additional agencies and positions:

Name: Tulare County Redevelopment Agency

Position: Governing Board Member Jurisdiction of Office: County of Tulare

Name: In-Home Supportive Services Public Authority

Position: Governing Board Member Jurisdiction of Office: County of Tulare

Name: Tulare County Public Finance Authority

Position: Governing Board Member Jurisdiction of Office: County of Tulare

Name: Terra Bella Sewer Maintenance District

Position: Governing Board Member Jurisdiction of Office: County of Tulare

Name: Tulare County Flood Control District

Position: Governing Board Member Jurisdiction of Office: County of Tulare

Name: Economic Development Corporation

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Kings/Tulare Area Agency on Aging Governing Board

Position: Governing Board Member Jurisdiction of Office: Multi County

Name: San Joaquin Valley Insurance Authority

Position: Board Member

Jurisdiction of Office: Multi County

Name: Tulare County Association of Governments

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Mental Health Board

Position: Board Member

Jurisdiction of Office: County of Tulare

Name: Tulare County Transportation Authority (Measure R)

Position: Board Member Jurisdiction: County of Tulare

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Pete J. Vander Poel

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
CVB Financial Corporation	
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	Canal a Bessini New or Essente Street
Stock Investment	
FAIR MARKET VALUE	FAIR MARKET VALUE
ズ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or Mare (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	1
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
	}
FAIR MARKET VALUE	FAIR MARKET VALUE
I	
\$2,000 - \$10,000	\$2,000 - \$10,000
☐ \$100,001 - \$1,000,000	[\$100,001 - \$1,000,000 [Cost \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership () Income Received of \$0 - \$499	(Describe) Partnership O Income Received of \$0 - \$499
O Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
II /II LO IDEL, LIOI D/II L	I THE EIGHDEE, EIGH BYNE.
	<u></u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
P MAINE OF BUSINESS ENTITY	MAINE OF BOSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$1 00,000	<u> </u>
S100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
·	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Commente:	

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Pete J. Vander Poel

STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
2865 E. Oakdale Avenue	696 Villa Cove Circle
CITY	CITY
Tulare, CA 93274	Tulare, CA 93274
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 COURT COURT	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	⊠ Ownership/Deed of Trust ☐ Easement
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 🔀 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
income of \$10,000 or more.	income or \$10,000 or more,
income of \$10,000 or more.	income of \$10,000 of more.
income of \$10,000 or more.	Theories of \$10,000 of more.
You are not required to report loans from commerc	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans
You are not required to report loans from commerco of business on terms available to members of the	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER*	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows:
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable)	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
You are not required to report loans from commerce of business on terms available to members of the and loans received not in a lender's regular course NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD	ial lending institutions made in the lender's regular course public without regard to your official status. Personal loans of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)

SCHEDULE C Income, Loans, & Business Positions (Other than Gifts and Travel Payments)

CALIFORNIA FORM 70	
Name ·	
Pete J. Vander Poel	

- 1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tulare Local Healthcare District	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
869 Cherry Street, Tulare, CA 93274	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Hospital/Healthcare	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Physician's Liaison	·
GROSS INCOME RECEIVED	GROSS INCOME RECEIVED
☐ \$500 - \$1,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Salary Spouse's or registered domestic partner's income	Salary Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership	Loan repayment Partnership
Sale of	Sale of
(Property, car, boat, etc.)	[Property, car, boal, etc.)
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
Other(Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PER	RIOD
of a retail installment or credit card transaction, made	your official status. Personal loans and loans received
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
	% None
ADDRESS (Business Address Acceptable)	
	OF CURITY FOR LOAN
DUQUEDO AOTREMA IN ANY OF LEVER	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LOAN None Personal residence
	<u> </u>
HIGHEST BALANCE DURING REPORTING PERIOD	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	☐ None ☐ Personal residence
HIGHEST BALANCE DURING REPORTING PERIOD	None Personal residence Real Property
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000	None Personal residence Real Property
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000	None Personal residence Real Property Street address City Other
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City Guarantor
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City Other
HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000	None Personal residence Real Property Street address City Other

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Pete J. Vander Poel

Omni Means ADDRESS (Business Address Acceptable) 943 Reserve Drive, Suite 100, Roseville, CA 95678 BUSINESS ACTIVITY, IF ANY, OF SOURCE Consultants DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	Omni Means ADDRESS (Business Address Acceptable) 943 Reserve Drive, Suite 100, Roseville, CA 95678 BUSINESS ACTIVITY, IF ANY, OF SOURCE Consultants DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable)	_
ADDRESS (Business Address Acceptable) 943 Reserve Drive, Suite 100, Roseville, CA 95678 BUSINESS ACTIVITY, IF ANY, OF SOURCE Consultants DATE (minddity) VALUE DESCRIPTION OF GIFT(S) 02 / 24 / 10	ADDRESS (Business Address Acceptable) 943 Reserve Drive, Suite 100, Roseville, CA 95678 BUSINESS ACTIVITY, IF ANY, OF SOURCE Consultants DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DINNER ADDRESS (Business Address Acceptable) PNAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) BUSINESS ACTIVITY, IF ANY, OF SOURCE ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) NAME OF SOURCE ADDRESS (Business Address Acceptable) NAME OF SOURCE ADDRESS (Business Address Acceptable)	
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02 / 24 / 10	02	
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